

AT THE UNIVERSITY OF UTAH

## Family History Information

□HRBCC

□FCCC

☐ FCCR

## USE OF FAMILY HISTORY INFORMATION

The Huntsman Cancer Institute's High Risk Cancer Clinics will use the family history information provided in this booklet to help determine the likelihood that cancer in this family may be related to inherited risk factors. The information will be kept private and confidential. This information will not be used to contact family members. By returning this booklet, you agree to this use of the family history information.

## INSTRUCTIONS

The information that you provide in this booklet will allow us to study your family history of cancer. We are requesting information on blood relatives, even if deceased. Because of the amount of detailed information requested, you may need to obtain facts from other family members. Please include information which you obtained from family members, family group sheets or genealogies.

- 1. **Full name:** Write the first, middle and last names of each relative. Use their current name if alive and most recent name if deceased. For women, please include their maiden name.
- 2. **Date of Birth and Date of Death:** If you are not sure of the exact date, write the approximate date or year followed by a question mark.
- 3. Ever had cancer? Check "yes" for every relative who has or who has ever had cancer. Do not include skin cancer unless it was a melanoma.
- 4. You and your children are on pages 4 and 5. Include all your natural sons and daughters. List only spouses/partners with whom you had children. Begin by listing your first spouse/partner with whom you had children and your first born child.
  - If you have had children with more than one spouse/partner, list your second spouse/partner and those children. If you need space for a 6th, 7th, or 8th child from your first marriage, cross out the second spouse and continue listing your children. If more space is needed for other marriages and children, an additional page is provided at the back of the booklet.
- 5. Your parents, brothers and sisters are on pages 6 and 7. First list your parents, full brothers and full sisters. If either of your parents has other children, list your stepparent and your half brothers and half sisters. List only blood relatives, not stepbrothers or stepsisters.
- 6. Your father's parents, father's brothers and sisters are on page 8 and 9. These are your grandparents, uncles and aunts on your father's (paternal) side of the family.
- 7. Your mother's parents, mother's brothers and sisters are on page 10 and 11. These are your grandparents, uncles and aunts on your mother's (maternal) side of the family.
- 8. Cousins and other blood relatives with cancer are on page 12 and 13. For the remaining blood relatives, please list only those who have or have had any type of cancer. Examples of other blood relatives include your cousins, nephews, nieces, grandchildren, father's half-brother, great aunt, etcetera.

PLEASE PI		<del></del>				
Your Full	<u>Name</u>			Date of b	irth ·	Colon or rectal polyp? (not cancer)
First	Middle	Last	(Maiden)	month, day	, year	No Yes
☐ Male ☐	Female					Never Screened
Your biologic	cal children and the	eir parent (only ma	rriages with	children):		
	First, m	Full Name iiddle, last, (maiden)		Date of birth mo/day/yr	Alive or Dead	Date of death mo/day/yr
First □ M Spouse/ □ F Partner □ F					☐ Alive ☐ Dead	
1. Child  ☐ M ☐ F				i i i i i i i i i i i i i i i i i i i	☐ Alive ☐ Dead	
2. Child					☐ Alive	
□м⊡ғ						والمتعدد المارة والمتعدد المتعدد المتعدد والمتعدد المتعدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد والمتعدد
3. Child				į	☐ Alive ☐ Dead	
4. Child	,			— <u></u>	☐ Alive	<del>11 11 </del>
□м□ғ					☐ Dead	
5. Child □ M □ F		,			☐ Alive ☐ Dead	
If you need spa	l ce for more children a	nd have had only one p	artner, use spa	ace below; or go t	page 14.	
2nd □ M Spouse/ □ F Partner					☐ Alive ☐ Dead	
1. Child					☐ Alive	
□м□г		and another the strate of the			Dead	
2. Child  ☐ M ☐ F					☐ Alive ☐ Dead	
3. Child  □ M □ F					☐ Alive ☐ Dead	

Have you ever had cancer □ No □ Yes	of cancer			Second typ of cancer	diagnosis	State of sidence when cancer was diagnosed (e.g. Utah)
State of residence at death	Colon or rectal polyp? (not cancer)	Ever had cancer?	First type of cancer and age at diagnosis	State where cancer diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where cancer diagnosed (e.g. Utah)
	□ No □ Yes □ Unknown	No Yes Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	☐ No ☐ Yes ☐ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
		¢	<u> </u>			
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				A STATE OF THE STA
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				

Your Parents		· · · · · · · · · · · · · · · · · · ·	
Full Name First Middle L	ast (Maiden)	Date of birth mo/day/yr	Alive Date of death or mo/day/yr Dead
Father			Dead
Mother			☐ Alive ☐ Dead
Your Siblings (brothers and sisters)		Date of birth mo/day/yr	Date of death mo/day/yr
1. Brother Sister			☐ Alive ☐ Dead
2. Brother Sister			☐ Alive ☐ Dead
3.  Brother Sister			☐ Alive ☐ Dead
4. Brother Sister			Alive Dead
5.  Brother Sister			☐ Alive ☐ Dead
6. Brother Sister			☐ Alive ☐ Dead
If you need more space for brothers and sisters, use s  Your Stepparent, Half brothers and F			
Stepparent  M  F			Alive Dead
1.  Half brother Half sister			☐ Alive ☐ Dead
2.			☐ Alive ☐ Dead
3.  Half brother Half sister			☐ Alive ☐ Dead
4.   Half brother  Half sister			□Alive □Dead

State of residence at death	Colon or rectal polyp? (not cancer) No Yes Unknown	Ever had cancer?  No Yes Not sure	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	No Yes Unknown	No Yes Not sure				
State of residence at death	Colon or rectal polyp (not cancer)	? Ever had cancer?	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	│ No │ Yes │ Unknown	☐ No ☐ Yes ☐ Not sure				
	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Not sure				
	│ No │ Yes │ Unknown	□ No □ Yes □ Not sure				
	☐ No ☐ Yes ☐ Unknown	□ No □ Yes □ Not sure				<del></del>
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				- 1 (11 - 11 - 11 - 11 - 11 - 11 - 11 -
	☐ No ☐ Yes ☐ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure		######################################		<del></del>
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				

Your Fath	<u>ier's Parent</u>	s (your pate	ernal grand	parents)		
	First	Full Nan Middle	ne Last	(Maiden)	Date of birth mo/day/yr	Alive Date of death or mo/day/yr Dead
Paternal Grandfather						☐ Alive ☐ Dead
Paternal Grandmother	,					☐ Alive ☐ Dead
	<u>on your father</u>	ints and unclowas obtained o			Date of birth mo/day/yr	Date of death mo/day/yr
1. Uncle						☐ Alive ☐ Dead
2. Uncle				-		☐ Alive ☐ Dead
3. Uncle Aunt						☐ Alive ☐ Dead
4. Uncle		,				☐ Alive ☐ Dead
5. Uncle Aunt	an;""					☐ Alive ☐ Dead
6. Uncle Aunt				Tiloda (phPMC and phS and application of the phS		☐ Alive ☐ Dead
7. Uncle						☐ Alive ☐ Dead
8. 🔲 Uncle						☐ Alive ☐ Dead
9. Uncle				70		☐ Alive ☐ Dead
10. Uncle				·		☐ Alive ☐ Dead
11. Uncle				<del> </del>		Alive

State of residence at death	Colon or rectal polyp? (not cancer)  No Yes Unknown  No Yes	□ No □ Yes	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	Unknown	☐ Not sure				
State of residence at death	Colon or rectal polyp? (not cancer)	Ever had cancer?	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	│ No │ Yes │ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				<u> </u>
	. No No Yes Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	No Yes Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure		***************************************		

Your Mother's Parents (your maternal grandparents	<u>s)</u>	
Full Name First Middle Last (Maiden)	Date of birth mo/day/yr	Alive Date of death or mo/day/yr Dead
Maternal Grandfather		☐ Alive ☐ Dead
Maternal Grandmother		☐ Alive ☐ Dead
Their Children (your aunts and uncles): Information on your mother was obtained on page 6. Do not repeat here.	Date of birth mo/day/yr	Date of death mo/day/yr
1. Uncle  Aunt		☐ Alive ☐ Dead
2. Uncle Aunt		☐ Alive ☐ Dead
3. Uncle Aunt		☐ Alive ☐ Dead
4. Uncle Aunt		☐ Alive ☐ Dead
5. Uncle Aunt		☐ Alive ☐ Dead
6. 🗆 Uncle  □ Aunt		☐ Alive ☐ Dead
7. 🗌 Uncle 🔲 Aunt		☐ Alive ☐ Dead
8. 🔲 Uncle Aunt		☐ Alive ☐ Dead
9. Uncle Aunt		☐ Alive ☐ Dead
10.□ Uncle □ Aunt		☐ Alive ☐ Dead
11. Uncle  Aunt	And	☐ Alive ☐ Dead

State of residence at death	Colon or rectal polyp? (not cancer)  No Yes Unknown	Ever had cancer?  No Yes Not sure	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Not sure		,		
State of residence at death	Colon or rectal polyp?	Ever had cancer?	First type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where diagnosed (e.g. Utah)
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				<u> </u>
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			9111	
<u> </u>	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			441 II II XX	
	☐ No ☐ Yes ☐ Unknown	□ No □ Yes □ Not sure				
k	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				

	Other blood relatives who have or have had cancer (cousins, grandchildren, great-aunts, great-uncles, etc.)								
Relationship	Related	Sex		, Full Nam	ıe		Date of birth mo/day/yr	Alive or Dead	
to you	through  Mother  Father		First	Middle	Last	(Maiden)		☐ Alive ☐ Dead	
2.	☐ Mother ☐ Father		A TOTAL CONTRACTOR OF THE PARTY	in the second se				☐ Alive ☐ Dead	
3.	☐ Mother ☐ Father	1 — .		· :		.		☐ Alive ☐ Dead	
4.	☐ Mother☐ Father		anne ann ann an ann an ann an ann an ann an	ungga-sanggana angganis anggana anggana		10.10 - Ja 10.0 - Ja		☐ Alive ☐ Dead	
5.	☐ Mother☐ Father			· ·	All Hud and	anoanoa		☐ Alive ☐ Dead	
6.	☐ Mother☐ Father							☐ Alive ☐ Dead	
.7.	☐ Mother☐ Father	1				, , , , , , , , , , , , , , , , , , ,		☐ Alive ☐ Dead	
8.	☐ Mother☐ Father							☐ Alive ☐ Dead	
9.	☐ Mother ☐ Father							☐ Alive ☐ Dead	
10.	☐ Mother ☐ Father			,				☐ Alive	

Date of death mo/day/yr	State of residence at death	Colon or rectal polyp? (not cancer)	Ever had cancer?	First type of cancer and age at diagnosis	State where cancer diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis
		□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			
		□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			
		□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			
	ATTIVITY OF THE PROPERTY OF TH	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure			
		No Yes Unknown	□ No □ Yes □ Not sure			
		☐ No ☐ Yes ☐ Unknown	□ No □ Yes □ Not sure			40 Jun -
			□ No □ Yes □ Not sure			
		☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Not sure			
			□ No □ Yes □ Not sure			
		#	☐ No ☐ Yes ☐ Not sure			

Extra pa	ge to	<u>use if neede</u>	<u>d</u>				
Relationship To You	Sex	First	Full N Middle	lame Last	(Maiden)	Date of birth mo/day/yr	Alive Date of death or mo/day/yr Dead
1.	□м □ғ	<del>иниста</del>					☐ Alive ☐ Dead
2.	□м □ F	,					☐ Alive ☐ Dead
3.	□м □ғ						☐ Alive ☐ Dead
4.	□м □ F						☐ Alive ☐ Dead
5.	□м □ г						☐ Alive ☐ Dead
6.	□м □ғ						☐ Alive ☐ Dead
7.	□м □ <b>г</b>						☐ Alive ☐ Dead
8.	□м □ F			1			☐ Alive ☐ Dead
9.	□м □ғ						☐ Alive ☐ Dead
10.	□м □ғ						☐ Alive ☐ Dead

State of Residence at death	Colon or rectal polyp? (not cancer)	Ever had cancer?	First type of cancer and age at diagnosis	State where cancer diagnosed (e.g. Utah)	Second type of cancer and age at diagnosis	State where cancer diagnosed (e.g. Utah)
The state of the s	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure	<del></del>		. Tanangan di Kamangan di 	<u></u>
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure	Harris and the second s			
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
		□ No □ Yes □ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	☐ No ☐ Yes ☐ Not sure				
	□ No □ Yes □ Unknown	□ No □ Yes □ Not sure			TANKA TURKA TURKA TANKA T	